CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS 7.A

COVER PAGE

A PUBLIC DOCUMENT

AUG 0 3 2020

Please type or print in ink.	A FUBLIC L	DOCUMENT	City	lark'e Office	
NAME OF FILER (LAST) Lilienthal	(FIRST) AA(COIM		Cit	y dinamet ERNARD	
1. Office, Agency, or Court			1 to 1 1 1 1 20	respondent and the	
Agency Name (Do not use acronyms) City of HEMET	/	ASSOCIATE A FAC	AMARAIGO D	Fantily Theropis	
Division, Board, Department, District, if applicable	de uno e	Your Position			
DISTRICT 3 CIT	4 COUNCIL	CANDIDA	TE FOR C	MY COUNCIL	
▶ If filing for multiple positions, list below or on an attack	chment. (Do not use acrony	rms)			
Agency:		Position:	NIA		
2. Jurisdiction of Office (Check at least one box	x)			-1%	
State		 Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) 			
□ Multi-County N/A ■ City of HEMET	Part Care	County of	NIA	<u> </u>	
City of Hemet		Other	NIA		
3. Type of Statement (Check at least one box)	2. n 13	Marie Carlo		A 100 A 100	
Annual: The period covered is January 1, 2019, the December 31, 2019.	hrough	Leaving Office: Da	ate Left/_ (Check one circle.)		
The period covered is/	, through	 The period cove leaving office. 	red is January 1, 201	9, through the date of	
Assuming Office: Date assumed	<u>- 10 10 10 10 10 10 10 10 10 10 10 10 10 </u>	The period covered is/, through the date of leaving office.			
Candidate: Date of Election #/3/2020	and office sought, if differ	rent than Part 1:	MY COUN	c IL	
4. Schedule Summary (must complete) Schedules attached	► Total number of pa	ges including this	s cover page:		
Schedule A-1 - Investments – schedule attache	Sche	dule C - Income, Loan	s, & Business Positio	ns - schedule attached	
Schedule A-2 - Investments – schedule attache		dule D - Income - Gift			
Schedule B - Real Property – schedule attache	d Sche	dule E - Income - Gift	ts – Travel Payments	- schedule attached	
-or- None - No reportable interests on any	u aabadula			air al invata. Tear	
5. Verification	y scriedule	Stranger of the			
MAILING ADDRESS STREET	CITY	<u> </u>	STATE	ZIP CODE	
(Business or Agency Address Recommended - Public Document)	r Pari 1971	The second state of the second			
DAYTIME TELEPHONE NUMBER	EMAIL	ADDRESS	many or early		
DATIME TELEPHONE NO.	NOTE OF DESCRIPTION			14	
I have used all reasonable diligence in preparing this sta herein and in any attached schedules is true and comp	atement. I have reviewed this is	is statement and to the a public document.	best of my knowledge	e the information contained	
I certify under penalty of perjury under the laws of	the State of California tha	t the foreg <u>oing is true</u>	and correct.		
Date Signed 8/3/2020	Signatu		lly signed paper statément with	your filing official.)	